

<b>Case Number:</b>	CM14-0069993		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of September 21, 2010. A utilization review determination dated May 7, 2014 recommends denial of Ketamine Cream. A letter dated April 21, 2014 states that ketamine is under study and is recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The note goes on to state that the patient does have evidence of neuropathic pain including decreased sensation to light touch and pinprick in bilateral L5 and S1 nerve root distributions. This was supported by electrodiagnostic studies. The patient has also failed physical therapy, chiropractic treatment, and acupuncture. The patient has a history of heartburn, gastritis, bowel irregularity, and nausea with non-steroidal anti-inflammatory drugs. She has previously tried Effexor, Tramadol, and Gabapentin which were discontinued due to no efficacy or side effects. The patient has therefore "exhausted both primary and secondary treatment options." A progress report dated February 12, 2014 identifies subjective complaints of low back pain radiating into the lower extremities with neck pain worse on the left than on the right. The neck pain is radiating to the upper extremities along the dorsal and ventral aspect of the arms. Physical examination findings identify tenderness in the posterior cervical paraspinal muscles with decreased sensation to light touch and pinprick in the bilateral L5 and S1 distributions. The diagnoses include lumbar disc displacement, neck pain, and sciatica. The treatment plan recommends evaluation at a functional restoration program and continuing her current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**RETRO: Ketamine 5% cream for the cervical, lumbar spine (DOS: 02/12/14):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 55-56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** Regarding the request for topical ketamine, Chronic Pain Medical Treatment Guidelines indicate that Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Within the documentation available for review, the requesting physician has identified that the patient has significant neuropathic pain complaints supported by physical examination findings. Additionally, the requesting physician indicates that the patient has tried non-steroidal anti-inflammatory medication, Effexor, Tramadol, and Gabapentin, and has therefore failed all primary and secondary treatment options. As such, a trial of Topical Ketamine seems to be a reasonable treatment option and is medically necessary.